



FINANCIAL ARRANGEMENTS

A \$1000.00 deposit is required in order to schedule a general anesthesia appointment. This deposit is directly applied to the charges on the day of services. (Overpayments will be refunded!) If for any reason, other than medical issues, the general anesthesia appointment is canceled without at least 48 hours notice, this deposit will be forfeited. ***This includes cancellation by the anesthesiologist due to failure to follow the pre-anesthesia instructions you have been given.*** Please read and follow all instructions. To prevent a cancellation you must contact us if you have *ANY* question regarding compliance with the instructions.

Payment is expected in full one week before the scheduled appointment. Please note if payment is not received one week before, the appointment will be cancelled. For any treatment that was not on the original treatment plan payment is expected that day.

We accept personal checks, Visa, MasterCard, Discover, and American Express.

We now accept **Care Credit**. This is a company that offers outside financing at excellent rates. Please ask the front desk for details. Information will be provided to you and you can apply at your convenience.

Insurance Note: If a patient has insurance benefits that they feel may cover a portion of the cost, we can assist in obtaining a predetermination of these benefits. The following guidelines must be met in order to facilitate this:

- The patient must provide a picture ID, copy of the insurance card, and complete subscriber information to be kept on file.
- The predetermination of benefits must be in writing from the insurance company detailing the benefits and indicating assignment for payment has been made to the office.
- Patient must be able to allow approximately 4-6 weeks for the predetermination to be processed and returned to our office.
- **Please be advised these estimates are subject to change, if for any reason your insurance does not pay as much as was estimated you will be responsible for the difference.**

Your signature below acknowledges that these options have been explained to you, all questions pertaining directly to these options have been answered and you are aware of the office policies in order to schedule additional treatment. Your signature does not obligate you to any options or treatment.

Signature

Office use only:

Date

The patient or guarantor refused to sign this form. Verbal explanation was given.

Signature of Office Representative

A copy of this form was provided to the caretaker to forward to the patients guarantor.

Signature of Office Representative